



DISTRICT OF COLUMBIA

ONE FUND CAMPAIGN

**GUIDELINES
AND APPLICATION**

D.C. GOVERNMENT EMPLOYEES

ONE FUND DRIVE

The D.C. Government Employees' One Fund Drive is the District government's only authorized charitable fundraiser. The Drive assesses funds annually to benefit non-profit organizations in the metropolitan Washington Community.

District Government employees are the sole contributors to the One Fund campaign. The D. C. One Fund Drive is not affiliated in any way with the Combined Federal Campaign or any other charitable fund raising entity. Federations that participate in the campaign are considered recipient organizations just as the independent organizations that apply directly to the Campaign are "D.C. One Fund Agencies". All receive contributions from the D.C. One Fund Drive and must adhere to the procedures and guidelines set forth by the Campaign.

Organizations must apply each year to be considered candidates for financial support. Applications are reviewed by the Eligibility Committee, which is a Subcommittee of the One Fund Executive Committee. A formal recommendation is submitted by the committee to the Chair and Executive Committee for final approval.

Please review the procedures and guidelines carefully. Only those organizations that meet the criteria should apply for financial support.

Please check your application for completeness and accuracy before submission. The D.C. One Fund is not obligated to assist agencies in curing deficiencies in their applications that may make them ineligible to become campaign participants. An incomplete or inaccurate application could result in the denial of your application.

The D.C. One Fund is not responsible for loss funding that may result from any agency being deemed ineligible in the D.C. One Fund as a result of incomplete, inaccurate or late applications, or as a result of errors made in good faith by the D.C. One Fund Eligibility Committee during the process of determining eligibility.

TABLE OF CONTENTS

	Page
Statement of Purpose	
Eligibility Criteria for One Fund Applicants	4
Procedures for One Fund Applicants.....	7
Non-Receipt of Designated Funding	7
Application Instructions.....	8
Description of Budget Items	12
Financial Support Application	14
Attachments	
• A.....	17
• D.....	19
• E	21
• F	22
• I	23
• K.....	27
• L	28
Application Checklist.....	31

ELIGIBILITY CRITERIA FOR ONE FUND APPLICANTS

- **Listing in the Campaign** – By applying to the D.C. One Fund, the organization agrees to be listed in the D.C. One Fund Participant Directory.

There is a single category of affiliation within the D.C. One Fund. Part of its philosophy is that all organizations handling the public's money must be worthy of public trust. To earn and retain public trust and public willingness to contribute voluntarily and as a prerequisite to receiving financial support through the D.C. One Fund, organizations interested in applying to become "campaign participants" must be determined by the D.C. One Fund to be in compliance with the standards below.

All eligible D.C. One Fund participants shall be listed in the campaign brochure in alphabetical order.

Full disclosure of your organization's activities and finances, honesty in answering campaign application questions and your commitment to the letter and spirit of the D.C. One Fund Eligibility Standards is required. These standards and regulations are in place to fulfill our fiduciary responsibility to contributors, to meet our responsibility to clients receiving service, to protect legitimate not-for-profit human health and welfare organizations and to ensure the credibility of the D.C. One Fund.

National organizations must apply on behalf of a local chapter in the metropolitan area.

Organizations applying to the One Fund Drive as a "D.C. One Fund Agency" may not be members of participating federations.

- **Legal Structure** - An organization interested in becoming a D.C. One Fund participant must be an incorporated not-for-profit and have a registered constitution and/or By-Laws. In addition, the organization shall comply with applicable Federal, State and municipal laws and regulations.

An organization must have tax exempt status under 501(c)(3) of the 1954 Internal Revenue Code (or the equivalent status under an earlier subsequent Code) and shall have been notified by the Internal Revenue Service that it is not a private foundation as defined in Section 509(a) of the Internal Revenue Code.

Applicants must provide services or programs within the District of Columbia metropolitan area.

- **Lobbying Limitation** – Organizations which engage in lobbying and/or attempt to influence voting or legislation at the local, state, or federal level must maintain expenses connected

with those activities within the limitations which allow them to be classified as a tax exempt agency under 26 U.S.C. 501(h).

- **Non-Discrimination Policy** – Organizations must have a policy and demonstrate a practice of non-discrimination as it relates to service delivery on the basis of race, creed, color, religion, gender, age, national origin, physical or mental health, sexual orientation or any characteristic protected by law.
- **Active Board of Directors** – Organizations must be directed by an active and responsive governing body, generally called a Board of Directors, whose members have no material conflict of interest, and a majority of who serve without compensation.
- **Public Accountability** – Organizations must account for their funds in accordance with Generally Accepted Accounting Principles (GAAP) and must be audited in accordance with Generally Accepted Auditing Standards (GAAS) by an Independent Certified Public Accountant (CPA) in the **immediate preceding year**. Organizations must submit a copy of their annual audited financial statements for the immediate preceding year along with the D.C. One Fund application. An organization with an annual budget of less than \$100,000 may submit a copy of its IRS Form 990 in lieu of an annual audit for the immediate preceding year. **The audit and IRS Form 990 must be for the same twelve (12) month period.** The National IRS Form 990 cannot be used for local chapters. The IRS Form 990 must separate expenses for the local chapter and tie into the local audit. Federations must include the audit and IRS Form 990 for each of its participating organizations for the same twelve month period.
- **Disbursement of Designations and Campaign Fees** - All designations will be disbursed based on cash received and will be forwarded on a quarterly basis. Campaign fees will be determined annually by the D.C. One Fund. If the 2005 fee differs from the previous year, agencies will be notified in writing.
- **Annual Report** – Organizations shall prepare and make available to the public an Annual Report that includes at a minimum, a full description of its activities and services, and a list of Board members and chief administrative personnel.
- **Solicitation & Informational Material** – Organizations are permitted to promote themselves for designations in the D.C. One Fund and may solicit corporate support through the D.C. One Fund. Organizations shall not conduct general telephone solicitations of the public and permit no payment of commissions, finder's fees, percentages, bonuses, or similar practices in connection with their fundraising activities. Organizations shall not sell or lease their D.C. One Fund contributor lists.

Organizations shall conduct publicity and promotional activities based upon their actual programs and operations. All promotional activities shall be truthful and non-deceptive, including all material facts, and shall make no exaggerated or misleading claims.

- **Source of Funds** – Organizations must have received in the preceding year at least 20% of their total support and revenue from voluntary contributions from the general public. You must include all government revenue (state, local and federal) shown on IRS 990 (line 1c) when calculating percentage of government support to revenue. Applicants must not receive more than 50% of funding from D.C. government agencies.
- **Use of Funds** - Organizations shall use the funds contributed in the D.C. One Fund for their announced purpose.

Organizations must recognize that a reasonable level of total support and revenue from all sources shall be applied to programs and activities directly related to the programs for which the organization exists. For purposes of eligibility, the total of fundraising and administrative expenses should not exceed 25% of total support and revenue for the immediate preceding year. **Organizations with excessive overhead (over 25%) are required to submit a justification statement clearly explaining why overhead is excess and how it will be lowered, in the future, to an acceptable level. Organizations submitting a justification statement for the second consecutive year without showing a decrease will be considered ineligible. Organizations with overhead in excess of 35% will not be considered for participation in the D.C. One Fund Campaign (and will be notified in writing).**

National organizations must earmark One Fund contributions for local chapter services and programs.

- **Local Presence and Benefit** – Organizations must have substantial local presence in the geographical area covered by the D.C. One Fund. Substantial local presence is defined as a staffed facility, office or portion of a residence dedicated exclusively to that organization. The facility must be available to its clientele or members of the public seeking voluntary organization's services or benefits that it provides, and must be open at least 15 hours a week. Local presence for national or international federations is defined as a federation with offices in the District of Columbia metropolitan area already participating in significant local campaigns, and already being supported by local contributors, whose participating agencies provide services/benefits in the geographical area served by the D.C. One Fund.
- **Private Sector Workplace Campaigns** – In order to participate with the D.C. One Fund in private sector workplace campaigns, programs and operations must be conducted in a manner that will, in the judgement of the D.C. One Fund, engender employer support of the D.C. One Fund Campaign and will not adversely affect campaign results.

PROCEDURES FOR ONE FUND APPLICANTS

- Request for financial support applications must be submitted in writing to the Office of the D. C. One Fund.
- Applications must be typed.
- Applications must be complete. Please N/A where requests for information is non applicable.
- Eight (8) copies of completed applications and all requested materials must be submitted.
- All requested information must be placed on the application form. An 8-1/2 X 11 sheet of paper should be attached to the application if additional space is needed.
- Brochures, pamphlets, newsletters, etc. may be included; however, they are not acceptable substitutes for requested information.
- Applicants who do not meet guidelines are automatically ineligible. Waivers are not acceptable.
- Applications received after the deadlines are not considered.
- Applicants who withdraw from consideration must submit a letter indicating the request.
- Applicants will be notified in writing of final decision. At this time, a designation code will be issued to approved applicants.
- Agencies approved for funding will be listed in the One Fund Drive Participant's Directory. The D. C. One Fund does not permit write-in candidates.

NON-RECEIPT OF DESIGNATED FUNDING

- Applicants who do not receive designated funds will not receive undesignated funds.
- Applicants who do not receive funding for three consecutive years will not be allowed to participate in a subsequent campaign for twelve months.

APPLICATION INSTRUCTIONS

Contact Information: Complete all information on the cover page. Make sure that the address is the official local address of the agency (no P.O. Boxes) and that you have indicated a representative and alternate for your agency. These will be the official contacts for all D.C. One Fund business.

Attachment A – Location, Hours of Operation, and Beneficiary Information: Please complete the form provided in the application. Please note: the service provision requirements cannot be met solely on the basis of services provided through an 800 telephone number, electronic services such as the internet, or by sending materials through the U.S. mail, or a combination of these.

Attachment B – IRS Determination (Tax Exempt) Letter: Provide a copy of the letter from the Internal Revenue Service granting your agency tax-exempt status under 26 U.S.C. 501(c)(3). Applicants with advance ruling letters with expiration dates before December 31, 2003 will be accepted only with proof of application to the IRS for permanent 501(c)(3) status.

A local agency that is covered by a central parent agency's tax exemption must submit an IRS group exemption letter that specifies that all affiliated subordinate agencies under its control are also considered tax-exempt under Section 26U.S.C. 501(c)(3). Submission of an IRS letter for the parent agency that is not a group exemption letter is not acceptable and will result in a denial of the local subordinate agency. It is not acceptable to submit a letter from the parent agency stating that its subordinates or affiliates are included in or covered by the IRS exemption. This type of evidence is not considered independent evidence of the IRS's group exemption determination.

Attachment C - Documentation of Name Change: if the name of the organization is different from the name that appears on the IRS form 990, IRS determination letter, audited financial statements, or annual report, official documentation authorizing the name change must accompany the application. The Federal Tax ID number must be included.

Attachment D – Narrative Description of Services and Activities: Fill out the attached form. Provide your agency's mission statement. Also include a detailed description of the programs, services, benefits, etc. provided by the agency or its member agencies and how those programs, services, benefits, etc. affect the health and/or welfare of the target population.

Attachment E – IRS Form 990 & Financial Support Application: Include a copy of the most recently completed, signed IRS Form 990. The IRS Form 990 must be signed on page 6 in the block marked "Signature of officer." **The preparer's signature alone is not sufficient.** A complete form includes all supplemental statements, if applicable, for the applicant organization. A completed Form 990 is required to be eligible for the D.C. One Fund, even if the Internal Revenue Service does not require your organization to file the Form 990. Smaller organizations that file Form 990EZ may submit it with pages 1 & 2 of the Form 990 attached. The IRS Form and audit must cover the same period. If revenue and expenses on the two documents differ, these amounts must be reconciled either on the IRS Form 990, Parts IV-A and IV-B, or by the independent certified public accountant who completed the audit in an accompanying signed statement.

Agencies that do not reflect administrative and fundraising expenses on the IRS Form 990 but show such expenses on the audited financial statement will be denied unless the audited financial statements specifically state that these services were donated.

Complete the D.C. One Fund Financial Support Application. Do not leave any item blank, indicate zero amount or non applicable.

Attachment F – Overhead Expenses Exceeding 25%: If your agency's percent for overhead costs exceeds 25.04%, you must complete this attachment. Otherwise, this attachment is not applicable. Overhead cost is calculated from your IRS Form 990 (Attachment E) by adding lines 14 and 15 and dividing the sum by line 12. To complete this attachment you must provide:

1. A detailed explanation of the agency's management, general and fund raising expenses.
2. A formal detailed plan to reduce administrative and fund raising expenses to less than 25% within the next fiscal year. The formal plan must demonstrate that the agency has **established a clear objective(s)** as to how to reduce the overhead cost, and **has taken steps to implement the objective**. The plan should include the time frame during which it is anticipated that an overhead cost below 25% will be obtained.
3. Evidence showing that administrative and fund raising expenses have already been reduced to less than 25% will be sufficient, as well.

Failure to separately submit an acceptable justification and plan for reducing expenses may result in a denial.

Attachment G – Audit: If your agency's annual revenue is \$100,000 or greater, provide an audit for your agency covering the fiscal year ending not more than 18 months prior to January, 2005 (i.e. on or after June 30, 2003). The audit must express an unqualified opinion, must be conducted by an independent Certified Public Accountant in accordance with generally accepted auditing standards (GAAS), and generally accepted accounting practices (GAAP). Reviews or Compiled audits are unacceptable. Combined or consolidated financial statements are not accepted unless the applicant's financial information is reflected in supplementary information (balance sheet and statement of activities) of the combined or consolidated statements.

Applicants with total revenues of less than \$100,000 (as reported on line 12 of the IRS Form 990) are not required to provide an audited financial statement with their application. If line 12 on the first page of the IRS Form 990 shows an amount less than \$100,000, it is acceptable to check Box J to indicate that the form was prepared using a cash basis or other method

Attachment H – Audit/990 Reconciliation: The audit and the accompanying IRS Form 990 must cover the same fiscal period. If revenue and expenses on the two documents differ, these amounts must be reconciled either on the IRS Form 990, Parts IV-A and IV-B, or by the independent certified public accountant that completed the audit in an accompanying signed statement. Attachment H details this reconciliation.

Attachment I – Governing Board: Provide a list of your current Board of Directors (or equivalent) with each member's current term (years) as a board member. Also include the dates, times and locations of board meetings during the calendar or fiscal year prior to the 2005 campaign year. Failure to provide this information will result in a denial.

Attachment J – Annual Report: Provide a copy of your organization's most recently published annual report. The annual report must cover the same period as the audit provided in Attachment D. It must include a full description of the organization's activities and supporting services and must identify the organization's directors and chief administrative personnel. If an annual audit report is unavailable, a more frequently published document, such as a quarterly newsletter, may be used to meet this requirement, provided that the same information as outlined for the annual report above is submitted with this attachment.

Attachment K – 25-word Statement: This is the statement to describe your agency's programs and services that will appear in campaign materials. Please note – this may be the only information provided to a potential donor about your organization. Do your best to describe, and **SELL**, your program(s). Special design text used to draw attention to an organization title, such as special fonts, capitalization, quotations, and underlines, are not accepted. Any statement that uses special features or exceed 25 words will be edited.

Instructions for the 25 word statement

- D.C. One Fund Code – the four-digit number assigned by United Way of the National Capital Area to your organization for D.C. One Fund participation.
- Agency Name – exactly as you want it to appear in promotional listings (if different from Official Name, you must provide documentation from the IRS or State government authorizing use of this name).
- Official Name – this should match the name of your organization as it appears on your IRS Form 990 (Attachment E).
- Employer Identification Number (EIN) – This is assigned to your organization by the IRS and is reflected on your IRS Form 990 and Tax Exempt Letter. All organizations must include this regardless if they are “doing business as” the legal name listing. The EIN will not count toward the 25-word statement.
- Telephone Number – where members of the public may contact you from anywhere in the United States to inquire about your agency.
- Internet Address for Agency’s Home Page or Website (***do not provide E-Mail address***). This will not count towards the 25-word description.
- 25-word description – ***do not exceed 25 words***. If you do, the description will be “trimmed.” It is recommended that you do not include your organization’s name in the description, however you may wish to make reference to a former name.

Percent for Overhead Costs – this is calculated from your IRS Form 990 (Attachment E) by adding lines 14 and 15 and dividing the sum by line 12. Round the number to one decimal point (e.g. 12.2%). This figure will be checked for accuracy by the Eligibility Committee reviewers.

Attachment L - Required Certifications for the D.C. One Fund Campaign: These are the certifications required for participation in the D.C. One Fund campaign. Check all appropriate boxes, sign the certification, indicate title of signers, and date the certifications.

2005 Application Checklist: Use the checklist to verify the completeness of your application and include it when submitting the application to the D.C. One Fund.

DEFINITIONS

- **Agency** - Legal name of the applicant agency. (If the name of the agency is different from the name which appears on the IRS Form 990, IRS determination letter, audited financial statements, or annual report, official documentation authorizing this name change must accompany the application. The Federal Tax ID Number must be included.)
- **4-Digit D.C. One Fund Code** - The number assigned to the agency in the previous year's campaign, if applicable.
- **Mailing Address** - A physical mailing address must be provided - Post Office Box addresses will not be accepted.
- **Contact Person** - The contact person is the individual to whom the DCOF will direct communications. This may be any individual in the agency.
- **E-Mail** - Self-explanatory
- **Contact Address** - Contact person’s physical mailing address if different than the agency's address. Post Office boxes may not be used.
- **Telephone Number (including area code)** - Contact person’s number, if different than the agency’s number.
- **Internet Address** - List the complete Internet address of the applicant agency (no e-mail addresses).

- **Certifying Official** - The certifying official is the individual who has the authority to affirm that all statements in the application are accurate.

DESCRIPTION OF BUDGET ITEMS

REVENUE

<p>A. Special Contributions:</p> <ol style="list-style-type: none"> One Fund Contributions: The amount received from the One Fund Drive (OFD). Combined Federal Campaign Contributions: The amount received from the Combined Federal Campaign (CFC). <p>B. Other Contributions/Donations: Any money your organization receives or collects as a donation or gift that is not from OFD or CFC.</p> <p>C. Net Proceeds From Special Events: Funds remaining (after expenses) from any fund raiser or similar events given by your organization</p> <p>D. Fees/Grants</p> <ol style="list-style-type: none"> From D.C. Government Agencies: Funds received from contracts or arrangements with D. C. government agencies. 	<ol style="list-style-type: none"> From Federal Government Agencies: Funds received from contracts or arrangements with federal government agencies. <p>E. Membership Dues From Members: All contributions received from members of your organization are paid for the privilege of membership alone.</p> <p>F. Income/Fees from Programs: Money paid by members and others enabling them to participate in or amend your programs, services, classes, conferences, etc.</p> <p>G. Other Revenue: Any sources or income you receive (please specify each; e.g. bequests, interests income, dividends, etc.</p> <p>H. Total Revenue/Income: Add column and enter total.</p>
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EXPENSES

<p>I. Employees Salaries:</p> <ol style="list-style-type: none"> Total Employees Salaries: The total amount of money paid to all employees of your organizations. Head of Agency Salary: The amount of money paid to the head of your agency. 	<p>J. Employees Health & Retirement Benefits: The sum of the costs of all health care and retirement programs you pay for employees; includes disability and life insurance benefits you pay.</p>
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EXPENSES (continued)

<p>K. Employees Payroll Taxes and Insurance: All payroll-related taxes and insurance you pay. Include payments like Workmen's Compensation, FICA, Unemployment Insurance, etc.</p> <p>L. Total Staff Costs: Add lines (I), (J), and (K) for each column and enter total.</p> <p>M. Professional and Consultant Fees: Money paid on a contract basis to firms or individuals providing a service to our organization (e.g., hiring a facilitator for retreat, paying a non-salaried instructor who does not receive benefits to teach a class, paying for licensing fees required for operations-child care, etc.</p> <p>N. Supplies: Office supplies as well as program related supplies (e.g., paper, pens, art supplies, cleaning supplies).</p> <p>O. Telephone: All costs you pay for telephone usage, including).</p> <p>P. Postage and Shipping: All costs for mailing and shipping related to your organization's work.</p> <p>Q. Occupancy/Rent Payments: Any charges or costs you pay for use of space, including utilities.</p> <p>R. Equipment Rental and Maintenance: What you pay to rent and service equipment (e.g., typewriters, copy and FAX machines, computers, appliances.)</p>	<p>S. Printing and Publications: Costs you assume in printing and publishing newsletters, brochures, cards, tickets, programs, directories, etc.</p> <p>T. Local and Out-Of-Town Travel: All related travel costs (e.g., parking, air and ground transportation, hotel accommodations, meals, and automobile mileage costs.</p> <p>U. Conference Fees and Meeting Costs: Any registration fees paid to attend conferences, meetings, as well as expenses for meeting refreshments that you supply.</p> <p>V. Assistance to Individuals: Scholarships, fuel payments, payments to stop eviction, etc. that are part of the programs or services you offer. These are usually cash payments on behalf of individuals or families.</p> <p>W. Membership Dues Your Organization Pays: Dues your organization pays to belong to any other association, payment to staff for affiliation with professional associations, or dues you send to your national office.</p> <p>X. Grants/Awards Your Organization Makes: Funds allocated to other organizations.</p> <p>Y. Other: Any other major expenses incurred that has not previously been included in the correct column on line (Y).</p> <p>Z. Total Expenses: Add expense column and enter total.</p>
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DISTRICT OF COLUMBIA GOVERNMENT EMPLOYEES

ONE FUND DRIVE

Financial Support Application

The following information must be answered completely.

1. ORGANIZATION INFORMATION

Organization Name

Legal Name of Organization

DBA Name of Organization (if different from legal name)

Date and Place of Incorporation

Date constitution or corporate charter adopted

Date and reason by-laws were last amended (if applicable)

Employer Identification Number (EIN)

Organization's Designation Code (used in 2004-2005 campaign)

Have you applied to any federation(s) or other fund-raising campaign(s)? If so, please indicate.

Federation	Fund-raising Campaign(s)

Are you currently affiliated with any federal(s) or fund raising campaign(s)? If so, please indicate names(s) and amount received during the previous year:

Federal/Fundraising Campaign	Amount Received

Do any of your board members, policy decision makers, or your organization owe any outstanding taxes to the District of Columbia. If so, explain.

--

Has any board member, member of your professional staff, or your organization been indicated or suspended from dealing with the District government. If so, please explain.

--

If this is your first year applying, how did you hear about the D.C. Government Employees One Fund Drive?

--

2. ADDRESS INFORMATION

Local Address

Mailing Address

Telephone Number	Fax Number

Organization Website	Organization's E-Mail Address

Days & hours of operation

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Addresses of Branches (if any)

3. CONTACT INFORMATION

Name of Director/Head of Organization (include title, if other than Director)

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Length of service with organization	Years/Month(s):
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Name of contact person for office (include title, if other than Director)

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Contact Information

Office Address:	E-Mail Address:
Phone Number:	Fax Number:

ATTACHMENT A

Location, Hours of Operations & Beneficiary Information

Agency Name: _____

Year(s) service provided at location:	Fiscal/Calendar Year:
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Address (include City, State, Zip, Country)

Geographical area covered

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Primary Point of Contact (include Title)	E-Mail Address
Phone Number	Fax Number

Total Number of Beneficiaries (clients):

Hours of Operation

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Year(s) service provided at location:	Fiscal/Calendar Year:
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Address (include City, State, Zip, Country)

Geographical area covered

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Primary Point of Contact (include Title)	E-Mail Address
Phone Number	Fax Number

Total Number of Beneficiaries (clients):

Hours of Operation

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Year(s) service provided at location:	Fiscal/Calendar Year:
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Address (include City, State, Zip, Country)

Geographical area covered

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Primary Point of Contact (include Title)	E-Mail Address
Phone Number	Fax Number

Total Number of Beneficiaries (clients):

Hours of Operation

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Year(s) service provided at location:	Fiscal/Calendar Year:
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Address (include City, State, Zip, Country)

Geographical area covered

--

Primary Point of Contact (include Title)	E-Mail Address
Phone Number	Fax Number

Total Number of Beneficiaries (clients):

Hours of Operation

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

ATTACHMENT D

Narrative Description of Services & Activities

Type of Organization

--

Organization Objectives

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Please give a detailed narrative of the services and activities you offer. You must indicate the year in which each service or activity was provided. Please attach a copy of your agency's mission statement.

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What percentage of your activities is carried on within the D.C. metropolitan area?

%

Impact areas (select the service area(s) that your organization covers – please check all that apply)

- ☐ Strengthening and supporting families
- ☐ Promoting self sufficiency
- ☐ Improving health and wellness

- ☐ Supporting vulnerable and aging population
- ☐ Helping children and youth succeed

Program Areas (enter up to 3 codes that best fit your agency's service area)

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- | | |
|--|--|
| <ul style="list-style-type: none"> A. Arts, Culture & Humanities B. Education C. Environment D. Animal-related E. Health Care F. Mental Health & Crisis Intervention G. Diseases, Disorders & Medical Disciplines H. Medical Research I. Crime & Legal-related J. Employment K. Food, Agriculture & Nutrition L. Housing & Shelter M. Public Safety, Disaster Preparedness & Relief | <ul style="list-style-type: none"> N. Recreation & Sports O. Youth Development P. Human Services Q. Int'l, Foreign Affairs & National Security R. Civil Rights, Social Action & Advocacy S. Community Improvement & Capacity Building T. Philanthropy, Voluntarism & Grantmaking U. Science & Technology V. Social Science W. Public & Societal Benefit X. Religion-related Y. Mutual & Membership Z. Other |
|--|--|

Describe the impact of your organization on your clientele:

ATTACHMENT E
District of Columbia Government Employees
ANNUAL ONE FUND DRIVE
FINANCIAL SUPPORT APPLICATION

Name of Organization _____

Organization's Fiscal Year _____ to _____

REVENUE

<p>A. Special Contributions:</p> <p>1. One Fund Drive Contributions (OFC) _____</p> <p>2. Combined Federal Campaign (CFC) Contributions _____</p> <p>B. Other Contributions/Donations</p> <p>Donations _____</p> <p>C. Net Proceeds from Special Events</p> <p>_____</p> <p>D. Fees/Grants</p> <p>_____</p> <p>1. Fees/Grants from D.C. government agencies _____</p> <p>2. Fees/Grants from U.S. government Agencies _____</p>	<p>E. Membership Dues _____</p> <p>F. Income/Fees From Program _____</p> <p>G. Other Revenue (Be specific)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>H. Total Revenue/Income</p> <p>_____</p>
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ATTACHMENT F EXPENSES

<p>I. Employees Salaries 1. Total Employees Salaries _____ 2. Head of Agency Salary _____ Attach list of names, titles and salaries of all staff members.</p> <p>J. Employees Health & Retirement Benefits _____</p> <p>K. Employees Payroll Taxes and Insurance _____</p> <p>L. Total Staff Costs _____</p> <p>M. Professional & Consultant Fees _____</p> <p>N. Supplies _____</p> <p>O. Telephone _____</p> <p>P. Postage & Handling _____</p> <p>Q. Occupancy/Rent _____ Utilities _____</p>	<p>R. Equipment Rental Maintenance _____</p> <p>S. Printing & Publications _____</p> <p>T. Local & Out-of-Town Travel _____</p> <p>U. Conference Fees & Meeting Costs _____</p> <p>V. Assistance to Individuals _____</p> <p>W. Membership Dues Payments _____</p> <p>X. Grants/Awards Payments _____</p> <p>Y. Other (specify any major expense items not listed above) _____ _____ _____ _____</p> <p>Z. Total Expenses = _____</p>
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1. What percentage of your funds is spent on direct services to clients? _____%
2. What percentage of your funds is spent on administrative and fund-raising cost?
_____%
3. What percentage of your funding is provided by the National Organization?
_____%

- **Remember to provide a dollar amount for each item.**
- **Enter a zero (0) if the item is not applicable to your organization**
- **Please review budget for accuracy prior to submission.**

ATTACHMENT I Governing Board

Please provide the following information on your board members. Be sure to include information on compensated staff that serves on the board (copy this sheet if additional space is needed).

Authorized size of the Board of Directors, include all members and ex-officio members of the Board (if national organization, list national and local board members separately):

Name (include title/committee assignment)

Business/Employer	Location (City, State)
Board Term (Include full term: 00/00-00/00)	Voting Member (Yes/No)

Name (include title/committee assignment)

Business/Employer	Location (City, State)
Board Term (Include full term: 00/00-00/00)	Voting Member (Yes/No)

Name (include title/committee assignment)

Business/Employer	Location (City, State)
Board Term (Include full term: 00/00-00/00)	Voting Member (Yes/No)

Name (include title/committee assignment)

Business/Employer	Location (City, State)
Board Term (Include full term: 00/00-00/00)	Voting Member (Yes/No)

Name (include title/committee assignment)

Business/Employer	Location (City, State)
Board Term (Include full term: 00/00-00/00)	Voting Member (Yes/No)

Name (include title/committee assignment)

Business/Employer	Location (City, State)
Board Term (Include full term: 00/00-00/00)	Voting Member (Yes/No)

Name (include title/committee assignment)

Business/Employer	Location (City, State)
Board Term (Include full term: 00/00-00/00)	Voting Member (Yes/No)

Name (include title/committee assignment)

Business/Employer	Location (City, State)
Board Term (Include full term: 00/00-00/00)	Voting Member (Yes/No)

Do Board Members receive financial compensation? If yes, complete information below.

Name (include title/committee assignment)

Business/Employer	Location (City, State)
Board Term (Include full term: 00/00-00/00)	Voting Member (Yes/No)
Amount: \$	List allowable expenses:

Name (include title/committee assignment)

Business/Employer	Location (City, State)
Board Term (Include full term: 00/00-00/00)	Voting Member (Yes/No)
Amount: \$	List allowable expenses:

Name (include title/committee assignment)

Business/Employer	Location (City, State)

Board Term (Include full term: 00/00-00/00)	Voting Member (Yes/No)
Amount: \$	List allowable expenses:

Name (include title/committee assignment)

Business/Employer	Location (City, State)
Board Term (Include full term: 00/00-00/00)	Voting Member (Yes/No)
Amount: \$	List allowable expenses:

Name (include title/committee assignment)

Business/Employer	Location (City, State)
Board Term (Include full term: 00/00-00/00)	Voting Member (Yes/No)
Amount: \$	List allowable expenses:

Are any staff members represented on the board? If yes, please identify:

Name (include title/committee assignment)

Business/Employer	Location (City, State)
Board Term (Include full term: 00/00-00/00)	Voting Member (Yes/No)

Name (include title/committee assignment)

Business/Employer	Location (City, State)
Board Term (Include full term: 00/00-00/00)	Voting Member (Yes/No)

Name (include title/committee assignment)

Business/Employer	Location (City, State)
Board Term (Include full term: 00/00-00/00)	Voting Member (Yes/No)

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Name (include title/committee assignment)

Business/Employer	Location (City, State)
Board Term (Include full term: 00/00-00/00)	Voting Member (Yes/No)

List dates of all Board of Directors meetings held during the previous year:

Date/Time of Board Meeting	Location (City/State)	Conference Call Only

ATTACHMENT K

25 Word Statement

Agency Name

--

(Exactly as you want it to appear in promotional/brochure listings. If different from Official Name, please also submit DBA/"doing business as" information).

Official Name

--

(This should match the organization's name as it appears on the IRS Form 990)

Telephone Number (include area code)	Internet Address (website, no e-mail)

Please check one:

- ☐ Use 25-word description that was used last year
- ☐ Use new 25-word description

25-Word Description

--

And the overhead percentage is:

ATTACHMENT L

Required Certifications

1. **LEGAL STRUCTURE:** I certify that the organization named in this application is organized for human health and welfare services, is an incorporated, non-for-profit and has articles of incorporations and by-laws. The organization is in compliance with applicable Federal, State and municipal laws and regulations. The organization is recognized by the Internal Revenue Service as tax-exempt under 26 U.S.C. 501(c)(3) and to which contributions are tax deductible pursuant to 26 U.S.C. 170 (or the equivalent status under an earlier or subsequent Code) and has been notified by the Internal Revenue Service that it is not a private foundation as defined in Section 509(a) of the Internal Revenue Code.
2. **ACTIVE BOARD OF DIRECTORS:** I certify that an active and responsive governing body, generally called a Board of Directors, directs the organization named in this application whose members have no material conflict of interest and a majority of whom serve without compensation.
3. **LOCAL PRESENCE & BENEFITS: (choose one)** I certify that the organization named in this application maintains local presence and provides services in the geographical area covered by the D.C. One Fund metropolitan area. "Local presence" is defined as a staffed facility, office or portion of a residence dedicated exclusively to the applicant organization that is accessible to its clientele or members of the public seeking the services or benefits that the organization provides. In addition, the organization provides services and assistance and conducts activities affecting human health and welfare. The facility must be open at least 15 hours a week. ☐

OR

I certify that the organization named in this application has local presence as a member of a federation with an office in the D.C. One Fund metropolitan area is participating in significant local campaigns and is supported by local contributors. ☐

4. **NON-DISCRIMINATION POLICY:** I certify that the organization named in this application has a policy and demonstrates a practice of non-discrimination as it relates to service delivery on the basis of race, creed, color, religion, gender, age, national origin, physical or mental health, sexual orientation or any characteristic protected by law.
5. **SOLICITATION & INFORMATION MATERIALS:** I certify that the organization named in this application understands that it is permitted to promote designations to itself in the D.C. One Fund Campaign.

I further certify that the organization named in this application:

Does not conduct general telephone solicitations of the public and permits no payment of commissions, finders fees, percentages, bonuses, or similar practices in connection with fundraising activities.

Promotes the sale, lease or loan of its D.C. One Fund contributor lists.

Conducts publicity and promotional activities based upon its actual programs and operations. All promotional activities are truthful and non-deceptive and include material facts, and no exaggerated/misleading claims.

6. **PUBLIC ACCOUNTABILITY: (choose one)** I certify that the organization named in this application is accountable to the public for its operations and services and discloses to the public information pertaining to its finances and operations.

- A. I certify that the organization accounts for its funds in accordance with Generally Accepted Accounting Principles (GAAP) and has been audited in accordance with Generally Accepted

Auditing Standards (GAAS) by an Independent Certified Public Accountant in the immediately preceding year.

☐

OR

- B.** I certify that the organization has annual revenues less than \$100,000 [calculated from the IRS Form 990 by adding lines 14 (management and general) and 15 (fundraising) and dividing the result sum by line 12 (total revenue)].

I certify that the organization prepares and makes available to the public an Annual Report or periodic newsletters which include at a minimum, a full description of the organization's activities and supporting services, and a list of Board members and chief administrative personnel.

- 7. SUPPORT OF THE D.C. ONE FUND CAMPAIGN:** I certify that the organization named in this application recognizes that its Board and staff can be the best communicators on behalf of the D.C. One Fund and, if deemed eligible to participate in the campaign, will identify their affiliation with the D.C. One Fund in every practicable manner.
- 8. WORKPLACE CAMPAIGNS:** I certify that the organization named in this application recognizes that in order to participate with the D.C. One Fund in workplace campaigns, the organization's programs and operations must be conducted in a manner that will, in the judgment of the D.C. One Fund, engender support of the D.C. One Fund and will not adversely affect campaign results. The organization will not conduct, manage or participate or encourage participation in any workplace campaigns within the geographical area of the DCOF outside of the D.C. One Fund campaign.
- 9. DISBURSEMENT OF DESIGNATIONS AND CAMPAIGN FEES:** By submitting this application, the undersigned hereby agrees that DCOF shall be the federated representative, business agent and fiscal agent for any and all charitable fund drives organized or conducted in which DCOF and the undersigned may participate. This application empowers DCOF to receive, account for, and distribute all gifts made to the undersigned organization through such fund drives and through subsequent donation collection periods.

By execution of this application the undersigned hereby authorizes DCOF to act as an attorney-in-fact for and on behalf of the undersigned in connection with the endorsement, deposit and negotiation of any and all checks, drafts, or other forms of payment which are received by DCOF in respect of, or in connection with, the undersigned's participation as a participating organization of DCOF in any work place giving or other fundraising campaigns which are made out or otherwise payable to or for the account of the undersigned, and to execute any and all documents which may be required in the judgment of DCOF, to effectuate such deposits and negotiations.

- 10. TERRORIST EXCLUSION:** I certify that, as of the date of which this application is being submitted to the DCOF, the organization named in this application does not knowingly employ individuals or contribute funds to entities or persons on either the Department of Treasury's Office of Foreign Assets Control Specialty Designated Nationals List or the Terrorist Exclusion List. Should any changes in circumstances pertaining to this certification occur at any time, the organization will notify the DCOF immediately.
- 11. GOVERNMENT SUPPORT & REVENUE:** I certify that the organization named in this application has in the preceding year received no more than 80 percent of its total support and revenues from government sources. (Revenue from government sources must be computed from the IRS Form 990 by dividing line 1c by line 12.)

(Organizations must have received in the preceding year at least 20% of their total support and revenue from voluntary contributions from the general public. You must include all government revenue (state, local and federal) shown on IRS 990 (line 1c) when calculating percentage of government support to revenue. Applicants must not receive more than 50% of funding from D.C.

government agencies.)+

12. **OVERHEAD PERCENTAGE:** (Place a check mark in the **one** appropriate box) I certify that the organization named in this application in the immediately preceding year has spent 25% or less of its total support and revenue on administrative and fund-raising expenses. The actual percentage as computed from information on the IRS Form 990 by adding the amount spent on “management and general” (line 14) to “fundraising” (line 15) and dividing the resulting total by “total revenue” (line 12) is _____%.

OR

☐

I certify that the organization named in this application in the immediately preceding year has spent in excess of 25% of its total support and revenue on administrative and fund-raising expenses. This percentage is reasonable under the circumstances. **Include as Attachment F a detailed justification of the organization’s management, general administrative and fundraising expenses ad a formal plan to reduce expenses to 25%.** This percentage is currently _____%.

☐

13. **SOURCE OF FUNDS:** I certify that the agency named in this application received in the preceding year at least 20% of its total support and revenue from voluntary contributions from the general public.

CERTIFICATION

The undersigned hereby certifies that I/we am/are authorized by the agency to make this application and appointment, and the organization agrees to abide by the bylaws, rules, regulations, policies and procedures of the D.C. One Fund as they apply to any workplace campaigns in which it participates as a member of the D.C. One Fund and further certifies that the representations and statements made in this application are to be best of my/our knowledge, true and correct. If for any reason, I/we have submitted misleading, inaccurate, incomplete or false information, I/we understand that the application and budget is invalid and will be immediately considered ineligible for consideration.

I certify that I have read all the certifications set forth in this document and that my signature below signifies that I acknowledge and agree with such certifications.

CEO Printed Name	CEO Signature
CEO Title	Date

Chief Volunteer Officer – Printed Name	Chief Volunteer Officer - Signature
Chief Volunteer Officer – Title	Date

D.C. ONE FUND APPLICATION CHECKLIST

Agency	Designation Code (if applicable)

Agency Use	Description/Tasks
	Contact Information – Is the form complete and signed?
	Attach. A/Location, Hours of Operation, Beneficiary Information – Is the form filled in completely?
	Attach. B/Tax Exempt Letter
	Attach. C/Documentation of Name Change (if applicable)
	Attach. D/Narrative Description of Services and Activities
	Attach. E/IRS Form 990 – Does it cover same period as the audit/signed on page 6?
	Attach. F/Overhead Expenses Exceeding 25% (if applicable) – Reference the IRS Form 990 (add lines 14 and 15, then divide by line 12). If the percentage is above 25%, a justification and formal plan to reduce is required.
	Attach. G/Audit – Does it cover a fiscal year ending June 30, 2003 or later?
	Attach. H/Audit 990 Reconciliation (if applicable)
	Attach. I/Governing Board – Are the forms complete?
	Attach. J/Annual Report – Does it include information concerning the agency's activities/identify the agency's directors and chief administrative personnel? Does it cover the same fiscal period as the audit? Is a substitute (e.g. quarterly newsletter) used and attached?
	Attach. K/25 Word Statement – Does it include agency name, D.C. One Fund code, official name, telephone number, EIN, internal address (website), description and percent for overhead?
	Attach. L/Required Certifications for the D.C. One Fund Campaign – Is the form completed and signed?
	Has the application been indexed in the order provided? Have the original and eight (8) copies been made for DCOF and another copy made for your records?
	Has the application been addressed to:
	Department of Public Works One Fund Coordinator 2000 14 th St., NW/6 th floor Washington, DC 20009